HE/RR FORM

Intervention Name: _____ **Date:** ☐☐☐☐☐☐ *(mm/dd/yy)* **Provider's ID:** ☐☐☐☐

LHJ/Agency #: ☐☐☐☐ **Location #:** ☐☐☐☐ **Time of Encounter:** ☐☐ : ☐☐ ☐ AM ☐ PM *(hh/mm)*

Length of Contact: ☐☐☐ *(minutes)* **Type of Intervention:** ☐ TPA-Long (TPA-L) ☐ Individual Level Intervention (ILI) ☐ Comprehensive Risk Counseling Service (CRCS)

Complete This Section for ILI and CRCS Encounters:

HERR Client #: ☐☐☐☐☐☐☐☐

Instructions: **From the "HERR Counseling Activities List" write the code(s) for specific activities or topicscovered during this session.**

☐☐ : ☐☐ ☐☐ : ☐☐

☐☐ : ☐☐ ☐☐ : ☐☐

Referral Source:

☐ Agency*** ☐ Partner ☐ Self ☐ Other, specify: _____
☐ HC/PI ☐ Friend/Family ☐ Don't Know _____

***** If Agency:**

☐ C&T ☐ HC/PI ☐ Intake
☐ PCRS ☐ CRCS ☐ Other
☐ TPA ☐ HE/RR ☐ Don't Know

Complete the Following for TPA, ILI or CRCS:

Testing Referral: *(mark one "x")*

☐ Tested at encounter → Unique Office of AIDS Number
☐ Referred for testing
☐ Declined/refused testing
☐ No testing referral

Materials Distributed: *(mark all that apply "x")*

☐ Male Condoms ☐ Female Condoms ☐ Safer Sex Kits ☐ Bleach or Safer Injection Kits
☐ Referral List ☐ Education Materials ☐ Role Model Stories ☐ Needle Exchange
☐ Incentive ☐ Other ☐ None

Referrals: *(mark all that apply "x")* ☐ No referrals provided

Risk/harm reduction

☐ Comprehensive risk counseling (CRCS)
☐ HIV education & prevention services
☐ Follow-up HIV counseling
☐ Prevention skill development
☐ Prevention support group
☐ Individual psychotherapy/counseling

Substance use services

☐ Alcohol/drug treatment *(outpt/inpt, etc.)*
☐ Harm reduction services
☐ Syringe exchange program

Positive referrals

☐ HIV medical care ☐ HIV case management
☐ HCV medical services

Other referrals

☐ Hepatitis testing/vaccination ☐ Non-HIV/HCV medical services
☐ STD testing & treatment ☐ Social services
☐ TB testing & treatment ☐ Other HIV testing
☐ Reproductive health services ☐ Perinatal care
☐ Other referral, specify: _____

Partner Counseling & Referral Services (PCRS) discussed/offered to client? *(mark one "x")*

☐ No, PCRS not discussed
☐ Yes, client declined services
☐ Yes, PCRS referred out
☐ Yes, PCRS activities this session *(initial and indicate activities)*

PCRS activities: *(mark all that apply "x")* *(attach Partner Information Forms)*

☐ Skill building with client for self notification *(indicate # of partners)* ☐☐☐
☐ Anonymous third party notification *(indicate # of partners & attach partner forms)* ☐☐☐
☐ Dual client/partner session *(indicate # of partners & attach partner forms)* ☐☐☐

PCRS initials *(if activities)* ☐☐☐☐

First letter of last name: ☐ **Date of birth:** ☐☐☐☐☐☐ *(mm/dd/yy)* **Residence zip code:** ☐☐☐☐☐

Mark if you live outside California: ☐

CA county of residence: _____

Homeless? *(currently)* ☐ Yes ☐ No ☐ D/R

Incarcerated? *(last 12 months)* ☐ Yes ☐ No ☐ D/R

Gender identity: *(mark one "x")*

☐ Male
☐ Female *(indicate if pregnant & in care)*
Pregnant? ☐ Yes ☐ No ☐ CDK
If yes, in perinatal care? ☐ Yes ☐ No
☐ Transgendered: M to F
☐ Transgendered: F to M
☐ Other, specify: _____

Race/ethnicity: *(mark all that apply "x")*

☐ Black/African American
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Hispanic/Latino(a)
☐ White
☐ Other, specify: _____

Sexual orientation: *(mark one "x")*

☐ Heterosexual or straight
☐ Bisexual
☐ Gay, lesbian, queer, same gender loving, or homosexual
☐ Client declines to state
☐ Other, specify: _____

Health insurance coverage: *(mark all that apply "x")*

☐ No coverage ☐ Medi-Cal (Medicaid)
☐ Private ☐ Indian Health Service
☐ Military ☐ Other public, specify: _____
☐ Medicare

Gender at birth: ☐ Male ☐ Female

Number of prior HIV tests: *(enter zero if never tested before today)* ☐☐ ☐ D/R **Date of last HIV test result received?** ☐☐☐☐ *(mm/yy)*

If you have tested before, what was the last test result you received? *(mark one "x")*

☐ Negative
☐ Positive *(indicate if in care)*
In HIV medical care/treatment? ☐ Yes ☐ No
Reason for new HIV test, specify: _____
☐ Preliminary positive *(no confirmatory result received by client)*
☐ Inconclusive, discordant, invalid
☐ Never has received a result

GENDER OF PARTNERS *(last 12 months)*

Male sex partner(s): *(mark one "x")*

☐ Yes ☐ No ☐ D/R

# of partners *(1-999)* ☐☐☐

Sexual Activity: *(client's role)*

			Condom use frequency:		
			Never	*Sometimes*	*Always*
Oral Sex	☐ Yes	☐ No			
Vaginal receptive	☐ Yes	☐ No	☐	☐	☐
Anal insertive	☐ Yes	☐ No	☐	☐	☐
Anal receptive	☐ Yes	☐ No	☐	☐	☐

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Female sex partner(s): *(mark one "x")*

☐ Yes ☐ No ☐ D/R

# of partners *(1-999)* ☐☐☐

Sexual Activity: *(client's role)*

Oral Sex	☐ Yes	☐ No
Vaginal insertive	☐ Yes	☐ No
Anal insertive	☐ Yes	☐ No

Condom use frequency:

Never	*Sometimes*	*Always*
☐	☐	☐
☐	☐	☐

Transgender sex partner(s): *(mark one "x")*

☐ Yes ☐ No ☐ D/R

# of partners *(1-999)*

Male to female: ☐☐☐

Female to male: ☐☐☐

Sexual Activity: *(client's role)*

Oral Sex	☐ Yes	☐ No
Vaginal insertive	☐ Yes	☐ No
Vaginal receptive	☐ Yes	☐ No
Anal insertive	☐ Yes	☐ No
Anal receptive	☐ Yes	☐ No

Condom use frequency:

Never	*Sometimes*	*Always*
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

SEX PARTNER TYPE *(last 12 months)*

Had sex with...	*Yes*	*No*	**Sexual Activity:** *(mark all that apply "x")* *Oral*	*Vaginal*	*Anal ins.*	*Anal rec.*	**Partner's gender:** *(mark all that apply "x")* *Male*	*Female*	*Trans.*	**Condom use frequency:** *(for vaginal & anal sex only)* *Never*	*Sometimes*	*Always*
Male partner(s) known to have had sex with a male *(if client is female)*	☐	☐	☐	☐		☐	■			☐	☐	☐
Sex worker partner(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Partner(s) who inject drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
HIV-positive partner(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did client know partner's HIV+ status prior to sexual contact? ☐ Yes ☐ No

SEX IN EXCHANGE *(last 12 months)*

Have received drugs, money or other items or services for sex ☐ Yes ☐ No

PSYCHOACTIVE SUBSTANCES *(last 12 months) (mark all that apply "x")*

☐ D/R ☐ No alcohol or drug use

	Injected: *Yes*	*No*	**Had sex while high or intoxicated:** *Yes*	*No*
☐ Alcohol	☐	☐	☐	☐
☐ Methamphetamine *(crystal, meth, speed, crank, tina)*	☐	☐	☐	☐
☐ Cocaine *(powder)*	☐	☐	☐	☐
☐ Crack *(rock)*	☐	☐	☐	☐
☐ Heroin *(dope, junk, skag, smack, H)*	☐	☐	☐	☐
☐ Other drug, specify: _____	☐	☐	☐	☐

OTHER SUBSTANCES INJECTED AND SHARED

Injected hormones, steroids, vitamins, insulin, etc. and shared syringes/needles *(include if shared)*

Last 12 Months: ☐ Yes ☐ No

Lifetime History: ☐ Yes ☐ No

STDs & HEPATITIS *(last 12 months) (mark all that apply "x")*

☐ No STDs/hepatitis

☐ Syphilis *(syph, the pox, lues)*
☐ Gonorrhea *(GC, clap, drip)*
☐ Chlamydia
☐ Trichomoniasis *(trich)*
☐ Human papilloma virus (HPV)
☐ Genital Herpes (HSV)
☐ Hepatitis A (HAV)
☐ Hepatitis B (HBV)
☐ Hepatitis C (HCV)
☐ Other, specify: _____

VIRAL STDs & HEPATITIS *(lifetime history **over 12 months ago**) (mark all that apply "x")*

☐ No lifetime viral STDs/hepatitis

☐ Human papilloma virus (HPV) ☐ Genital Herpes (HSV) ☐ Hepatitis A (HAV) ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV)

HEPATITIS VACCINATION *(lifetime history)*

Completed hepatitis A (HAV) vaccination series? ☐ Yes ☐ No ☐ D/R

Completed hepatitis B (HBV) vaccination series? ☐ Yes ☐ No ☐ D/R

OTHER HIV RISK FACTORS *(last 12 months)*

Other behavior/exposure? ☐ Yes ☐ No

If yes, specify: _____

DEFINITIONS:

Oral: mouth on penis, vagina, or anus
Vaginal insertive: penis in partner's vagina
Vaginal receptive: partner's penis in vagina
MSM: male who has had sex with a male
Anal insertive: penis is partner's anus
Anal receptive: partner's penis in anus
TPA: targeted prevention activity
STD: Sexually Transmitted Disease
D/R: Client Declined/Refused
IDU: Injection Drug User

Data Entry Initials: ☐☐☐

LEO Form #: ☐☐☐☐☐